



Site Information Form

NAME	:	COUNTY WHERE BUSINES	SS IS LOCATED:	CERTIFICATION NUMBER (RENEWAL APPLICANTS):				
Busin	NESS OR FARM NAME:							
	Site Designation: (Office Use Only)							
SE	SECTION A. SITE LOCATION AND IDENTIFICATION							
1.	Site Name (What do you call this field, orchard, block, circle, or farm?):							
2.	T. 1.1.4		2a. Acres in Production:					
	Total Acreage of Site:		2b. Acres Fallow:					
3.	Do you own this site: (If No, answer the following):			☐ Yes ☐ No				
	3a. Land Owner (Name and Phone	, ,						
	3b. Describe the details of the lease (if verbal lease) or attach a copy of the lease agreement:							
4.	Is this site currently certified: (If yes, answer the following)			☐ Yes ☐ No				
	4a. Name and Farm of Certified Pa	, ,						
4b. Certification Agency and Number:								
	4c. Site Name and Number as Listed on Certificate:							
5.	Location of Site (provide the following information which applies for your site):							
	Street Address:							
	Township, Range, Section:							
6. Please provide detailed directions to the site for which you are seeking certification from the nearest town or highway:								



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SECTION B. CROP INFORMATION							
1. In the space provided below, please list all crops, land use (woods, fallow, wetlands, etc.) and acreage of this site.							
Crops and/or Land Use	Acreage						
TOTAL ACREAGE = (Verify that total acreage matches question 2 in Section A of this form)							
Section C. Buffer/Border Information							
1. Have you notified your neighbors that this site is in organic production.	☐ Yes	☐ No					
Is there a risk of pesticide drift from neighboring farms or land use? (If Yes, Answer the Following):			☐ No				
2a. Identify and describe the risk:							
2b. Please describe the buffer zones that you have established:							
3. Describe how the boundaries of this site are clearly identified?							



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